

<b>Notification for Underground Storage Tanks</b>		<b>FOR GOVERNMENT USE ONLY</b>	
State Agency Name and Address <b>Underground Storage Tank Division, Environmental Health Administration , D.C. Department of Health, 51 N Street NE, 3USTD, Washington, DC 20002</b>		ID NUMBER _____	
TYPE OF NOTIFICATION		DATE RECEIVED	
<input type="checkbox"/> A. NEW FACILITY <input type="checkbox"/> B. AMENDED <input type="checkbox"/> C. CLOSURE		A. Date Entered Into Computer _____ B. Data Entry Clerk Initials _____ C. Owner was contacted to clarify responses _____ Comments: _____	
_____No. of tanks at facility      _____No. of continuation sheets attached			
INSTRUCTIONS			
<p><b>Please type or print in ink all items except "signatures" in section VIII &amp; XI . This form must be completed for each location containing underground storage tanks. If more than Five (5) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form.</b></p>			
<b>GENERAL INFORMATION</b>			
<p>Notification is required by Federal and District Law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation Recovery Act (RCRA), as amended, Section 3 of the District of Columbia Underground Storage Tank Management Act of 1990 (DC UST Act), as amended, 6 DC Code 995, and Title 20 DCMR Chapters 55 through 70.</p> <p>The purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief, or recollection.</p> <p><b>Who Must Notify?</b> Section 9002 of RCRA, as amended, Section 3 of the DC UST Act, and Title 20 DCMR Chapter 56 requires that, unless exempted, owners of underground tanks that store regulated substances must notify the D.C. Department of Health, Underground Storage Tanks Division (USTD) of the existence of their tanks.</p> <p>Owner means-</p> <p>a) in the case of an UST system in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and</p> <p>b) in the case of an UST system in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.</p> <p>The District of Columbia requires that the notification form be updated where there is change in the reported use, contents, or ownership of the USTs, or the owner has permanently removed a UST.</p> <p><b>What Tanks Are Included?</b> Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing:</p> <ol style="list-style-type: none"> <li>1. Gasoline, used oil, diesel oil or heating oil, and</li> <li>2. Industrial solvents, pesticides, herbicides, or fumigants.</li> </ol> <p><b>What Tanks Are Excluded?</b></p> <ol style="list-style-type: none"> <li>1. heating oil tanks of less than 1,100 gallons capacity;</li> <li>2. farm or residential tanks of less than 1,100 gallons capacity used for storing motor fuel for noncommercial purposes;</li> <li>3. septic tanks;</li> </ol>		<ol style="list-style-type: none"> <li>4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an interstate pipeline facility regulated under state laws;</li> <li>5. surface impoundments, pits, ponds or lagoons;</li> <li>6. storm water or waste water collection systems;</li> <li>7. flow-through process tanks;</li> <li>8. liquid traps or associated gathering lines directly related to oil gas production and gathering operations;</li> <li>9. storage tanks situated in an underground area (such as basement, cellar, mineworking drift, shaft or tunnel) if the storage tank is situated upon or above the surface of the floor and is not covered by any earthen materials along its sides and bottom.</li> </ol> <p><b>What Substances Are Covered?</b> The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exemption of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).</p> <p><b>Where To Notify?</b> Send completed forms to:</p> <p style="text-align: center;"><b>Underground Storage Tank Division Environmental Health Administration D.C. Department of Health 51 N Street NE, 3USTD Washington, DC 20002</b></p> <p><b>When To Register?</b> An owner of a UST system that is brought into use after November 12, 1993, shall register the tank and shall pay the prescribed registration fee <b>before</b> depositing a regulated substance into the tank, except as provided in Title 20 DCMR Chapter 56, and except deposit of a regulated substance for the purposes of testing the tank or providing an initial "hold-down" load to ballast the tank.</p> <p><b>Penalties:</b> Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted and/or such criminal penalties as are allowed by law.</p>	
<b>I. OWNERSHIP OF TANK (S)</b>		<b>H. LOCATION OF TANK(S)</b>	
_____ Owner Name (Corporation, Individual, Public Agency, or Other Entity)		Latitude _____ Longitude _____ _____ (If same as Section I, mark box here <input type="checkbox"/> )	
_____ Street Address		_____ Facility Name or Company Site Identifier, as Applicable	
_____ City State Zip Code		_____ Street Address (P.O. Box Not Acceptable)	
_____ Phone Number (Include Area Code)		_____ City State Zip code	

III. TYPE OF OWNER		IV. INDIAN LANDS	
<input type="checkbox"/> Federal Government <input type="checkbox"/> Commercial <input type="checkbox"/> State Government <input type="checkbox"/> Private <input type="checkbox"/> Local Government		Tanks are located on land within an Indian Reservation or on other trust lands. <input type="checkbox"/>  Tanks are owned by native American nation, tribe, or individual. <input type="checkbox"/>	Tribe or Nation:
V. TYPE OF FACILITY			
Select the Appropriate Facility Description:  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">_____ Gas Station</div> <div style="width: 33%;">_____ Railroad</div> <div style="width: 33%;">_____ Trucking/Transport</div> <div style="width: 33%;">_____ Petroleum Distributor</div> <div style="width: 33%;">_____ Federal - Non Military</div> <div style="width: 33%;">_____ Utilities</div> <div style="width: 33%;">_____ Air Taxi (Airline)</div> <div style="width: 33%;">_____ Federal – Military</div> <div style="width: 33%;">_____ Residential</div> <div style="width: 33%;">_____ Aircraft Owner</div> <div style="width: 33%;">_____ Industrial</div> <div style="width: 33%;">_____ Farm</div> <div style="width: 33%;">_____ Auto Dealership</div> <div style="width: 33%;">_____ Contractor</div> <div style="width: 33%;">_____ Other (Explain) _____</div> </div>			
VI. CONTACT PERSON IN CHARGE OF TANKS			
Name	Job Title	Address	Phone Number (Include Area Code)
VII. FINANCIAL RESPONSIBILITY			
I have met the financial responsibility requirements in accordance with Title 20 DCMR § 6700 <input type="checkbox"/>			
----- Check All that Apply			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Self Insurance</div> <div style="width: 33%;"><input type="checkbox"/> Guarantee</div> <div style="width: 33%;"><input type="checkbox"/> State Funds</div> <div style="width: 33%;"><input type="checkbox"/> Commercial Insurance</div> <div style="width: 33%;"><input type="checkbox"/> Surety Bond</div> <div style="width: 33%;"><input type="checkbox"/> Trust Fund</div> <div style="width: 33%;"><input type="checkbox"/> Risk Retention Group</div> <div style="width: 33%;"><input type="checkbox"/> Letter of Credit</div> <div style="width: 33%;"><input type="checkbox"/> Other Method Allowed (Specify) _____</div> </div>			
VIII. CERTIFICATION (Read and sign after completing all sections)			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in the and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.			
Name and official title of owner Or owner's authorized representative (Print)		Signature	Date Signed
EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Chief, Information Policy branch PM-223, U.S. Environmental Protection Agency, 401 M Street, Washington, D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification may be used while supplies last.			

**IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS** (Complete one for each tank at this location.)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
<b>1. Status of Tank</b> (Mark only one) <div> <div>Currently in Use</div> <div>Temporarily Out of Use (Remember to fill out section X.)</div> <div>Permanently Out of Use (Remember to fill out section X.)</div> <div>Amendment of Information</div> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Date of Installation (month/year)</b>					
<b>3. Estimated Total Capacity (gallons)</b>					
<b>4. Material of Construction</b> (Mark all that apply) <div> <div>Asphalt Coated or Bare Steel</div> <div>Cathodically Protected Steel</div> <div>Epoxy Coated Steel</div> <div>Composite (Steel with Fiberglass)</div> <div>Fiberglass Reinforced Plastic</div> <div>Lined Interior</div> <div>Double Walled</div> <div>Polyethylene Tank Jacket</div> <div>Concrete</div> <div>Excavation Liner</div> <div>Unknown</div> <div>Other, Please Specify</div> <div>_____</div> <div>_____</div> <div>Has tank been repaired?</div> </div>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____ <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____ <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____ <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____ <input type="checkbox"/>	
<b>5. Piping (Material)</b> (Mark all that apply) <div> <div>Bare Steel</div> <div>Galvanized Steel</div> <div>Fiberglass Reinforced Plastic</div> <div>Copper</div> <div>Cathodically Protected</div> <div>Double Walled</div> <div>Secondary Containment</div> <div>Unknown</div> <div>Other, Please Specify</div> <div>_____</div> <div>_____</div> </div>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ _____	
<b>6. Piping (Type)</b> (Mark all that apply) <div> <div>Pressure</div> <div>Suction: no valve at tank</div> <div>Suction: valve at tank</div> <div>Gravity Feed</div> <div>Has piping been repaired?</div> </div>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
7. Substance Currently or Last Stored In Greatest Quantity by Volume					
Gasoline	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diesel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gasohol	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kerosene	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heating Oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other, Please Specify	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Hazardous Substance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CERCLA name and /or CAS number	_____	_____	_____	_____	_____
Mixture of Substances	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please Specify	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
<b>X. OUT OF SERVICE AND CLOSURE OF UST SYSTEMS</b>					
1. Closing of Tank System					
A. Estimated date last used (month/day/year)	_____	_____	_____	_____	_____
B. Estimate date tank closed (month/day/year)	_____	_____	_____	_____	_____
C. Tank Removal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Tank Abandonment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Tank filled with inert material	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Describe	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
F. Change in service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Site Assessment Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Evidence of a leak detected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**XI CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW AND UPGRADED TANKS AT THIS LOCATION)**

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
<b>1. Installation</b>					
A. Installer certified by tank and piping manufacturers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Installer certified or licensed by the implementing agency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Installation inspected by a registered engineer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Installation inspected and approved by implementing agency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Manufacturer's installation checklists have been completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Another method allowed by State agency. Please specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2. Release Detection (Mark all that apply)</b>	TANK	PIPING	TANK	PIPING	TANK
A. Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
B. Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
C. Inventory controls	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
D. Automatic tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
E. Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Interstitial monitoring double walled tank/piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Interstitial monitoring/secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Automatic line leak detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>	
K. Other Method allowed by Implementing agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please Specify	<input type="text"/>		<input type="text"/>		<input type="text"/>
<b>3. Spill and Overfill Protection</b>					
A. Overfill device installed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Spill device installed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**OATH: I certify the information concerning installation that is provided in section XI is true to the best of my belief and knowledge.**

**Installer:** \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Position \_\_\_\_\_ Company \_\_\_\_\_